



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MUNCIE EYE SPECIALISTS SURGERY CENTER

Street Address: 200 N Tillotson Av

City: Muncie

County: Delaware

Administrator Name: Sylvia McGlothan

Administrator Email: Sylvia\_McGlothan@ahni.com

ASC Web Address:

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 2 |

III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |
|--|--------------------|----------------------|
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 2501               | 3040                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 66984  | 1547               |                      |
| 66821  | 394                |                      |
| Catalys  | 365                |                      |
| 67924  | 95                 |                      |
| 66982  | 74                 |                      |
| 67228  | 59                 |                      |
| 0191T  | 51                 |                      |

|       |    |
|-------|----|
| 67917 | 49 |
| 67904 | 48 |
| 65400 | 35 |

#### IV. Outcomes from Surgical Procedures

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 2 |
|--|---|